



Indiana PSAP
Text to 9-1-1 Request and
Authorization Form
Version 1.0

Date of PSAP Request	
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PSAP Information	
Agency Name	
Address	
Primary Contact	
Name	
Email	
Phone	

Wireless Service Provider Selection	
<small>(select individual service providers or check the All box for a blanket request to all carriers as they come into service)</small>	
All Wireless Service Providers	
A T&T	
Sprint	
Verizon Wireless	
T-Mobile	
Other	

Service Delivery Method Selection	
<small>(select the method by which you want to receive text messages at your PSAP)</small>	
Browser Method	
Text to TTY	
Direct IP	
Other (please specify)	

I, _____ do hereby affirm that my primary PSAP is ready to accept Text to 9-1-1 services from the carriers identified in the selection above and request that the IN911 Board proceed with a formal request on behalf of my agency for the implementation of Text to 9-1-1 services, with an anticipated implementation date no longer than six (6) months of the request date entered above.



I understand that in making this request, the Board must affirm the technical capability of my agency to accept such services and that the Board will coordinate with the Wireless Service Provider(s) on my behalf and as necessary in order to ensure a timely and coordinated implementation of these requested services.

I further understand that in making this request, I may incur additional expense to my agency above and beyond the expense allocated by the Board on my behalf for the implementation of these requested services depending upon the method of delivery of Text to 9-1-1 services that I have selected above.

Signed:

Date:

Name:

Title:

Board Authorization Section	
Date of Technical Assessment:	
Determination of Technical Capability (Y/N)	

Approved	
Date of Approval	
Denied	
Date of Denial	
Reason for Denial	
Additional Comments	

Date of Request to Wireless Service Provider	
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Signed:

Date:

Barry Ritter, ENP
Executive Director
IN911 Statewide 9-1-1 Board